

U.S. Department of Labor
Office of Labor-Management
Standards
Washington, DC 20210

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2008

This report is mandatory under P.L. 85-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U- <u>7164</u>	2. Fiscal Year Covered From: <u>10</u> / <u>1</u> / <u>2003</u> Through <u>9</u> / <u>30</u> / <u>2004</u>
3. Name and address of person filing. Name <u>Isabel</u> <u>Pietri</u> P.O. Box, Bldg., Room No., if any _____ Street <u>260 Graff Avenue</u> City <u>Bronx</u> State <u>New York</u> ZIP Code + 4 <u>10465</u>	4. Name, file number, and address of labor organization. Name <u>Local 81076, Communications Workers AFL/CIO</u> Labor Organization File Number <u>014-248</u> P.O. Box, Building and Room Number, if any _____ Street <u>150-47 Hillside Avenue</u> City <u>Jamaica</u> State <u>New York</u> ZIP Code + 4 <u>11432</u>
5. Position in labor organization. <u>President</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7. a. Nature of Interest, Transaction, or Income. _____ 7. b. Amount. _____

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

On

8/9/2005
Date

718-526-8000
Telephone Number

Name of Person Filing Isabel Pietri		File Number U-
<p>B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.</p>		
<p>8. Name and address of Business (including trade name, if any).</p> <p>Name: Boston Company</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any:</p> <p>Street: One Boston Place</p> <p>City: Boston</p> <p>State: Massachusetts ZIP Code + 4: 02108</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>	
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name: United Furniture Workers Pension Fund A</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any:</p> <p>Street: 1910 Air Lane Drive</p> <p>City: Nashville</p> <p>State: Tennessee ZIP Code + 4: 37210</p>	<p>11.a. Nature of such dealing.</p> <p>Business provides investment management services to the Trust.</p> <p>11.b. Approximate dollar value of such dealing. \$163,720</p> <p>12.a. Nature of interest held or income received</p> <p>February 2004 - I attended a dinner hosted by the Boston Company.</p> <p>12.b. Amount. \$114</p>	
<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>		
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name:</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any:</p> <p>Street:</p> <p>City:</p> <p>State: ZIP Code + 4:</p>	<p>14.a. Nature of payment.</p>	
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p>	

Name of Person Filing Isabel Pietri

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <u>Bank of New York</u></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any: _____</p> <p>Street <u>One Wall Street</u></p> <p>City <u>New York</u></p> <p>State <u>New York</u> ZIP Code + 4 <u>10286</u></p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <u>United Furniture Workers Pension Fund A</u></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any: _____</p> <p>Street <u>1910 Air Lane Drive</u></p> <p>City <u>Nashville</u></p> <p>State <u>Tennessee</u> ZIP Code + 4 <u>37210</u></p>	<p>11.a. Nature of such dealing.</p> <p><u>Business provides investment management services to the Trust.</u></p>
	<p>11.b. Approximate dollar value of such dealing. <u>\$62,250</u></p> <p>12.a. Nature of interest held or income received.</p> <p><u>February 2004 - I attended a dinner hosted by the Bank of New York.</u></p>
	<p>12.b. Amount. <u>\$70</u></p>

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Part B Continuation Page

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<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <u>United Furniture Workers Pension Fund A</u></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any: _____</p> <p>Street <u>1910 Air Lane Drive</u></p> <p>City <u>Nashville</u></p> <p>State <u>Tennessee</u> ZIP Code + 4 <u>37210</u></p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <u>United Furniture Workers Pension Fund A</u></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any: _____</p> <p>Street <u>1910 Air Lane Drive</u></p> <p>City <u>Nashville</u></p> <p>State <u>Tennessee</u> ZIP Code + 4 <u>37210</u></p>	<p>11.a. Nature of such dealing.</p> <p><u>Reimbursement of trustee related expenses.</u></p>
	<p>11.b. Approximate dollar value of such dealing. <u>\$0</u></p> <p>12.a. Nature of interest held or income received.</p> <p><u>Reimbursement of travel, hotel, meals and miscellaneous expenses incurred to attend Board of Trustees meetings in February and June 2004, and Finance Investment Committee meetings in April and September 2004.</u></p> <p>12.b. Amount. <u>\$1,525</u></p>

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<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <u>United Furniture Workers Insurance Fund</u></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any: _____</p> <p>Street <u>1910 Air Lane Drive</u></p> <p>City <u>Nashville</u></p> <p>State <u>Tennessee</u> ZIP Code + 4 <u>37210</u></p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <u>United Furniture Workers Insurance Fund</u></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any: _____</p> <p>Street <u>1910 Air Lane Drive</u></p> <p>City <u>Nashville</u></p> <p>State <u>Tennessee</u> ZIP Code + 4 <u>37210</u></p>	<p>11.a. Nature of such dealing.</p> <p><u>Reimbursement of trustee related expenses.</u></p>
	<p>11.b. Approximate dollar value of such dealing. <u>\$0</u></p> <p>12.a. Nature of interest held or income received.</p> <p><u>Reimbursement of travel, hotel, meals and miscellaneous expenses incurred to attend Board of Trustees meetings in February and June 2004.</u></p> <p>12.b. Amount. <u>\$572</u></p>